

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Neurodevelopmental Centers
Managed Care Organizations

Memorandum No: 06-51
Issued: June 30, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information contact
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Neurodevelopmental Centers: Fee Schedule Changes

Effective for dates of service on and after July 1, 2006, the Health and Recovery Services Administration (HRSA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2006 relative value units (RVUs);
- Additions to the Current Procedural Terminology (CPT®) codes; and
- A one percent (1%) vendor rate increase.

Maximum Allowable Fees

HRSA is updating the Neurodevelopmental Centers fee schedule with Year 2006 RVUs. The 2006 Washington State Legislature appropriated a one percent (1%) vendor rate increase for the 2007 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

Visit HRSA's web site at <http://maa.dshs.wa.gov>. To view a current fee schedule, click on Provider Publications/Fee Schedules, then Fee Schedules.

Bill HRSA your usual and customary charge.

Pediatric Evaluations

Providers must use **modifier HA** when both of the following are true:

- The provider bills using CPT codes 99201-99215 to receive higher payment for pediatric evaluations; and
- The provider is using the parent's PIC to bill for services for an infant (under one year) who has not received his or her own PIC.

Modifier HA: Child/adolescent program

New Procedure Codes added to the Occupational Therapy Program

HRSA has added the following procedure codes to the Occupational Therapy program.

95831	95832	95833	95834
95851	95852	97010	97014
97018	97032	97034	97140
97542	97597	97598	97602
97750	97755	97799	

DME Needs Assessment

Providers billing for DME needs assessment must bill with the following procedure codes:

Procedure Code	Policy/Limitations
97762	Providers must bill this code for DME assessments.
97542	Providers must bill this code for a wheelchair needs assessment.

Custom/Non-Custom Splints

Procedure Code	Limitations/Policy
97799	Providers must use this procedure code for custom made hand splints. Non-custom splits must be ordered through a DME vendor.

Policy Clarification

Active wound care management for physical and occupational therapists involves selective and non-selective debridement (CPT codes 97597, 97598, and 97602). The following conditions apply:

- HRSA covers one unit each of CPT codes 97597, 97598, and 97602 per client, per day, per wound.
 - Do not bill any of these codes together for the same wound.
 - Providers may only bill any of these codes together if they are for separate wounds.
- Providers must not bill CPT codes 97597, 97598, and 97602 in addition to CPT codes 11040-11044.

Note: For multiple wounds, use modifier 59.

Billing Reminder:

HRSA pays Audiology function tests (CPT procedure codes 92552-92553) separately from other general services. All other Audiology tests are bundled in the general services.

Place of Service

Reminder: Effective July 1, 2006, all claims submitted to HRSA must include the appropriate Medicare **two-digit place of service code**. Claims with a single-digit place of service code will be denied. See [Numbered Memorandum 06-26](#) for previous notification of this change.

National Correct Coding Initiative

HRSA continues to implement the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists HRSA to control improper coding that may lead to inappropriate payment. HRSA bases coding policies on:

- The American Medical Association's (AMA) Current Procedural Terminology (CPT®) manual;
- National and local policies and edits;
- Coding guidelines developed by national professional societies;
- The analysis and review of standard medical and surgical practices; and
- Review of current coding practices.

HRSA may perform a post-pay review on any claim to ensure compliance with NCCI. Visit the NCCI on the web at <http://www.cms.hhs.gov/physicians/cciedits>.

Updated Billing Instructions

HRSA has published new *Neurodevelopmental Centers Billing Instructions* that include the July 1, 2006 Fee Schedule, new procedure codes, policy clarification, and new formatting. See “How can I get HRSA’s provider documents?” for information on obtaining these new billing instructions.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA’s provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA’s website at <http://maa.dshs.wa.gov> (click on the *Billing Instructions/Numbered Memoranda* or *Provider Publications/Fee Schedules* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
 - a) Click *General Store*.
 - b) If a **Security Alert** screen is displayed, click **OK**.
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